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## APPLICANTS

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\*\* CONTINUING DATA *None R*

\*\* FOREIGN APPLICATIONS *None R*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>JG</i> Examiner's Signature	<i>R</i> Initials			

## ADDRESS

30449

## TITLE

ADJUSTABLE PHASE CONTROLLED CLOCK AND DATA RECOVERY CIRCUIT

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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